



Apply for a Grant

To apply for a grant from the Northern Lights Foundation, please provide the following information:

Child's name: _____

Children's date of birth (mm/dd/yyyy): __ / __ / _____

Parents' or Guardians' names (please include both parents' names, regardless of marital status):

Parent/Guardian #1: _____

Address: _____

Parent/Guardian #2: _____

Address: _____

Brief explanation of medical history (when symptoms began, diagnosis, treatment options, etc.):

Contact information for child's attending physician and social worker:

Attending Physician:

Social Worker:

Signed statement from child's physician or social worker verifying that all information provided is accurate.

Physician/Social Worker's Signature: _____

All information can be submitted to the Northern Lights Foundation via e-mail at info@northernlightsfoundation.org or by mail at:

Northern Lights Foundation
P.O. Box 16689
Duluth, MN 55816